



ANNUAL REPORT OF TRUSTEE On Improvement Care Fund

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TN 37243-1145
Office: 615-741-5062; Fax: 615-532-1903
www.state.tn.us/commerce

NOTE: This report is due forty-five (45) days after the close of each FISCAL YEAR of the cemetery company.
Mail to the address above.

For the fiscal year beginning _____, 20 ____ and ending _____, 20 ____.

I. GENERAL INFORMATION

1. Name and location of cemetery: _____
2. Name and address of company which owns this cemetery: _____
3. Name and address of trustee of Improvement Care Fund: _____
4. Contact person regarding this report: _____ Telephone: _____

II. STATEMENT OF CHANGES IN TRUST FUND PRINCIPAL (Based on Cost)

- | | |
|---|----------|
| 1. Beginning balance: | \$ _____ |
| 2. Additions: | |
| a. Payments received from cemetery company: (Schedule VI) | \$ _____ |
| b. Other additions: (Please explain using a separate sheet) | \$ _____ |
| 3. Distributions of capital gains under "5% rule": | \$ _____ |
| 4. Deductions: (Please explain using separate sheet) | \$ _____ |
| 5. Net capital gain (Loss): | \$ _____ |
| 6. Ending Balance: | \$ _____ |

III. ASSETS OF TRUST FUND PRINCIPAL AT END OF REPORTING PERIOD

	COST	MARKET
1. Cash & Equivalents	\$ _____	\$ _____
2. Equities	\$ _____	\$ _____
3. Fixed Income	\$ _____	\$ _____
4. Real Estate	\$ _____	\$ _____
5. Loans:		
a. Mortgages	\$ _____	\$ _____
b. Other _____ (explain)	\$ _____	\$ _____
6. Other _____ (explain)	(\$ _____)	(\$ _____)
7. Liabilities	\$ _____	\$ _____
8. Total Principal:	\$ _____	\$ _____

(OVER)

IV. STATEMENT OF INCOME

1. Undistributed balance from last period: \$ _____
2. Add Income received from investments Ψ \$ _____
3. Less:
 - a. Distributions to cemetery (\$ _____)
 - b. Trustee's expenses (\$ _____)
 - c. Other deductions (please explain using separate sheet (\$ _____)
4. Net Additions (or deductions) \$ _____
5. Balance at the end of this period \$ _____

Ψ Interest, cash dividends, net rental income, unexercised options premiums distributed, and capital gains if applicable

V. ANSWER THESE QUESTIONS

1. Have there been any sales, exchanges, or leases of any property between the trust and the cemetery company, any owner of an interest in the cemetery company, or relative of any such persons? YES ☐ NO ☐
2. Are there any loans by the trust or fixed income obligations due to the trust which are classified as uncollectable or are in default as of the close of the fiscal year of the trust? YES ☐ NO ☐
3. Has the trust at any time held twenty percent (20%) or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests? YES ☐ NO ☐
4. Has the trust at any time engaged in any transactions or series of related transactions involving twenty percent (20%) or more of the current value of the trust? YES ☐ NO ☐
5. Were there any purchases of nonpublicly traded securities by the trust, the value of which was set without an appraisal by an independent third party? YES ☐ NO ☐

VI. MEMORANDA FOR RECONCILIATION

List all deposits to the improvement care trust fund received from the cemetery during this period.

DATE/AMOUNT	PAID TO	DATE/AMOUNT	PAID TO

STATE OF TENNESSEE

COUNTY OF _____

I, _____, duly elected and serving as _____ of
(Name of bank or trust company) _____, trustee of the improvement care fund above named
and described, being first duly sworn, do hereby state that the information contained in this annual report and all related
schedules is true and correct to the best of my knowledge and belief.

(Trustee Signature)

(NOTARY SEAL)

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My commission expires: _____
IN- (Rev.)

Notary's Signature: _____